

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046888

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 121

FILED DEC 31 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Atchison</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Atchison</u>
1 0030	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF SHOULD READ	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fairfax Mo</u>	c. CITY OR TOWN <u>Langdon Mo</u>
2 11030		Length of stay in 1b	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3		c. FULL NAME OF (If NOT in hospital, give location) <u>Fairfax Hospital</u>	d. STREET ADDRESS (If outside, give location)
4 0		3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Rolf</u> Last <u>Jordan</u>	4. DATE OF DEATH Month <u>Dec</u> Day <u>20</u> Year <u>1963</u>
5 2		5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>
6		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 30 1887</u>
7 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY
8 2		11. BIRTHPLACE (City and state or country) <u>Atchison Co Mo</u>	12. CITIZEN OF WHAT COUNTRY
9 606X		13a. FATHER'S NAME <u>Gerard Jordan</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
10		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>
11		17. INFORMANT <u>Mary Lee Riley</u>	Address <u>3857 Terrace Ave St. Joseph Mo</u>
12 1-0		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>rupture of bladder</u> DUE TO (b) <u>unknown</u> DUE TO (c) <u></u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
13 1-0		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
	20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Rock Port Mo</u>	
	21. I attended the deceased from <u>11:00</u> to <u>12/20/63</u> and last saw <u>her</u> alive on <u>12/20/63</u> Death occurred at <u>11:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
	22a. SIGNATURE (Degree or title) <u>John W. Zimmerman M.D.</u>	22b. ADDRESS <u>Rock Port Mo</u>	
	22c. DATE SIGNED <u>12/21/63</u>		
	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec-23-1963</u>	
	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter cemetery</u>	23d. LOCATION (City, town, or county) <u>S.E. Rock Port Mo</u>	
	24. FUNERAL DIRECTOR <u>Bertman Funeral Home - Rock Port Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 24, 1963</u>	
	26. REGISTRAR'S SIGNATURE <u>Therwin N. Schuler</u>		

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by By Me, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

J. B. Beaman

Licensed Embalmer No. 4024

P. O. Address Rock Port Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.